PROGRAM TIME SURVEY FOR LEA EMPLOYEES PERFORMING MEDI-CAL ADMINISTRATIVE ACTIVITIES   **2003/2004 ONLY**   **Normal Working Hrs:**   **Training Date:**

Name (Last, First, MI)	Job Classification	Employee Number	Claiming Unit (District)	School Site

Record 5 consecutive days - Start with first hour paid - Record the type of activity by code in **15-minute increments**	Date:								Date:								Date:								Date:								Date:								Total
	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	
1) School/Education activities																																										
2) Direct Medical Services																																										
3) Non Medi-Cal Outreach																																										
4) Medi-Cal Outreach																																										
5) Facilitating Application for non-Medi-Cal Programs																																										
6) Facilitating Medi-Cal Applications																																										
7) Referral, coordination, and monitoring on non-Medi-Cal services																																										
8) Referral, coordination, and monitoring of Medi-Cal services																																										
9) Transportation for non-Medi-Cal programs																																										
10) Transportation-related activities supporting Medi-Cal services																																										
11) Translation related to non-Medi-Cal-covered services																																										
12) Translation related to Medi-Cal-covered services																																										
13) M/C program planning, policy development, & Interagency Coordination r/t non-M/C services																																										
14) M/C program planning, development, and Coordination R/T Medi-Cal services																																										
15) M/C administration, coordination, claims administration, and training																																										
16) General Administration/ Paid Time Off																																										
TOTAL HOURS																																										

EMPLOYEE SIGNATURE	TELEPHONE NUMBER	DATE	SUPERVISOR SIGNATURE	DATE

Instructions:

1. Include 2–3 samples of activities for the designated Codes on reverse this form.
2. Surveys are to be completed on a daily basis for the designated time survey period.
3. Draw a vertical line through columns that represent days that are unpaid (unpaid leave).
4. Record time in 15-minute increments. If using decimals, use .25, .50, .75. If using fractions, use 1/4, 1/2, 3/4.
5. At the end of the day, total each column in the "Total Hours" column. Each day must equal all hours for which paid that day.
6. Be sure to include all training, paperwork, clerical activities, and staff travel required to complete each activity for codes 1–16 during the survey period.
7. If hours paid equal more than 8, continue on second survey form.
8. Confirm the sum in the bottom right hand corner equals the sum of the bottom row. Sign and date your survey the last day worked and give it to your supervisor. If used two pages, sign second page also.

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Name (Last, First, MI)	Job Classification	Employee Number	Claiming Unit (District)	School Site

If more than 8 hours per day, continue from page 1 in hours 9--16. - Record the type of activity by code in **15-minute increments**	Date: 9	10	11	12	13	14	15	16	Date: 9	10	11	12	13	14	15	16	Date: 9	10	11	12	13	14	15	16	Date: 9	10	11	12	13	14	15	16	Date: 9	10	11	12	13	14	15	16	Total
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The following codes are reimbursable under the Medi-Cal Administrative Activities program. As you record time under each of these specific codes, please include two to three <u>samples</u> of the activity performed on lines provided below each code. To maintain confidentiality, avoid using specific names. Some examples have been included as a reference

CODE 4. Medi-Cal Outreach: Use this code when informing persons about the Medi-Cal program. Examples: informing persons, particularly high risk groups, about Medi-Cal, to determine eligibility; providing referral assistance; participating in or coordinating Medi-Cal trainings/outreach directed toward improving the delivery of Medi-Cal services; and referring students to Medi-Cal-covered services, program screenings, program initiatives, and services.

Samples: _____

CODE 6: Facilitating the Medi-Cal Application: Use this code when assisting an individual in becoming eligible for the Medi-Cal program. Examples: informing individuals of eligibility criteria; helping a family gather information and prepare and package forms; and referring the family to the local eligibility office. Include time performing paperwork, clerical duties, training, and staff travel required to complete these tasks. Use available information to expand enrollment in Medi-Cal.

Samples: _____

CODE 8: Referral, Coordination, and Monitoring of Medi-Cal-covered Services: Use this code for time spent making referrals and coordinating and/or monitoring the delivery of Medi-Cal services. Examples: identifying and referring students to Medi-Cal family planning services, making referrals for medical/mental health Medi-Cal-covered evaluation/screens (but NOT State-mandated exams), and case-managing medical/mental health evaluations and services in the school and community covered by Medi-Cal.

Samples: _____

Code 10: Transportation Related to Activities in Support of Medi-Cal-covered Services: Use this code for administrative time spent assisting an individual to obtain transportation to a Medi-Cal-covered service. Example: time coordinating and scheduling IEP specialized transportation to Medi-Cal-covered services. This code does not include time spent billing the provider of the transportation or the actual provision of transportation.

Samples: _____

Code 12: Translation Related to Medi-Cal services: Use this code when arranging for or providing translation services to help individuals access and understand treatment and plans of care covered by Medi-Cal. Translation services must be provided, or arranged with a separate unit or separate employee who specifically performs translation functions for the school, and it must facilitate access to Medi-Cal-covered services.

Samples: _____

Code 14: Program Planning, Policy Development, and Interagency Coordination related to Medi-Cal Services: Only employees whose job description includes Medi-Cal planning, policy development and interagency coordination should use this code. Use this code when collaborating with other agencies to evaluate a need for Medi-Cal services; monitoring Med-Cal/mental health delivery in schools; developing Medi-Cal referral resources; or participating in committees to identify, promote, and develop Medi-Cal-covered services within the school system.

Samples: _____

Code 15: Medi-Cal Administration, Coordination, Claims Administration, and Training: Use this code for any activity directly related to Medi-Cal administration. Examples: time spent by MAA claiming unit coordinators, LEC/LGA coordinators, and time study participants in training/conferences/meetings related to the MAA program; administration, including overseeing, compiling, revising, and submitting claims and operational plans; and coordination. All paperwork, clerical duties, and necessary staff travel is coded here.

Samples: _____

Use additional pages for sample documentation of actual MAA performed as needed.